

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

OCT 26 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10012</u>	2. Fiscal Year Covered From: <u>7 / 1 / 2004</u> Through: <u>6 / 30 / 2005</u>
3. Name and address of person filing. Name <u>Gordon G Forbes</u> P.O. Box, Bldg., Room No., if any <u>Suite 700</u> Street <u>1560 Broadway</u> City <u>New York</u> State <u>New York</u> ZIP Code +4 <u>10036</u>	4. Name, file number, and address of labor organization. Name <u>ATPAM Local 18032 IATSE</u> Labor Organization File Number <u>049343</u> P.O. Box, Building and Room Number, if any <u>Suite 700</u> Street <u>1560 Broadway</u> City <u>New York</u> State <u>New York</u> ZIP Code +4 <u>10036</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>League of American Theatres & Producers, Inc</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>226 West 47th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code +4 <u>10036</u>	7.a. Nature of Interest, Transaction, or Income. <u>Broadway Theatre tickets provided to undersigned in connection with fulfilling duties as an elected Antoinette Perry (Tony) Awards voter. Awards program is administered by employer group with which Union maintains a CBA. Value is unknown and estimated.</u> 7.b. Amount. <u>\$5,000</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 8/11/2005

Date

212-719-3666

Telephone Number

Name of Person Filing Gordon Forbes	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	<input type="checkbox"/> a. Labor Organization
Trade Name, if any:	<input type="checkbox"/> b. Trust
P.O. Box, Bldg., Room No., if any	<input type="checkbox"/> c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.